

ADHS/DBHS Guidelines to RBHAs and Providers for Services to Non-Title XIX Members with Serious Mental Illness



For State Fiscal Year 2011 (July 1, 2010 - June 30, 2011), the Arizona State Legislature appropriated \$40,154,400 in State General Funds to the Arizona Department of Health Services/Division of Behavioral Health Services' (ADHS/DBHS) for a medication only benefit for Non-Title XIX members with Serious Mental Illness (SMI). This document contains ADHS/DBHS' guidelines to the Regional Behavioral Health Authorities (RBHAs) and their subcontracted providers to administer the medication only benefit. The guidelines apply to all RBHAs statewide to promote consistency in the provision of services to Non-Title XIX SMI members.

Population Served

All Non-Title XIX SMI members.

Covered Services

1. A generic medication formulary (**Attachment A**); For those members who prefer brand name medications, these medications can be prescribed, but they are not a covered benefit; costs associated with the use of brand medication are the responsibility of the member. RBHAs are encouraged to access pharmacy prescription assistance programs to obtain no-cost or reduced-cost brand name medications.
2. Medically necessary laboratory services as currently available in the ADHS/DBHS Covered Behavioral Health Services Guide (http://www.azdhs.gov/bhs/FNLguide_v6.9.pdf).
3. Psychiatric assessments for newly enrolled Non-Title XIX SMI members or when a new or different medical professional assumes responsibility for treatment of the member.
4. Psychiatric follow-up appointments for medication management.
5. Telephone contact by prescribing medical professionals (MD, DO, NP, PA) or nursing (RN, LPN) staff.
6. Nursing (RN, LPN) assistance for prescribing medical professionals and medication administration.
7. Interpretation Services.

Note: RBHAs shall not implement any changes to services provided to Arizona State Hospital civil and forensic Non-Title XIX SMI members that are transitioning out of hospital care or conditionally discharged pending additional guidelines from ADHS/DBHS.

Billing Codes

ADHS/DBHS will issue billing code guidance in the coming weeks.

Services Not Covered

All other services, including transportation, residential services, inpatient services, case management, etc. as listed in the ADHS/DBHS Covered Behavioral Health Services Guide are not covered benefits. If a member wants any of these services, payment is the responsibility of the member or another third-party payer (Medicare, VA, etc.) if available. In addition, intensive service models, including Assertive Community Treatment (ACT) and Intensive Recovery Teams (IRT) are not available.

Benefit Administration

1. RBHAs shall begin transition efforts immediately for any Non-Title XIX SMI member currently receiving services that are not part of the covered benefits package. The RBHAs shall make every effort to safely transition these members to the new medication only benefit by July 1, 2010.
2. At this time, and until further notice, RBHAs shall continue to conduct SMI determinations in accordance with Provider Manual, Section 3.10, *SMI Eligibility Determination* (http://www.azdhs.gov/bhs/provider/sec3_10.pdf).

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3. RBHAs shall assess co-payments for psychiatric assessment and psychiatric follow-up visits, in accordance with Provider Manual, Section 3.4, *Co-payments* (http://www.azdhs.gov/bhs/provider/sec3_4.pdf). Co-payments will not be assessed for medications or laboratory services. Services shall not be denied due to a person's inability to pay.
4. RBHAs shall maintain a resource list of providers with a sliding fee scale and associated services as well as other community resources available to members.
5. RBHAs shall continue screening all current and new members for Title XIX eligibility and are encouraged to subscribe to the Health-e Arizona web tool or use the public version at <https://www.healthearizona.org/app/Default.aspx>.

Documentation Expectations

1. RBHAs shall collect the required demographic elements according to the Demographics User Guide (DUG; <http://www.azdhs.gov/bhs/provider/ddsug.pdf>) when conducting a psychiatric assessment, when significant changes occur in member status, and at least annually.
2. Psychiatric assessments shall be consistent with national standards of care and best clinical practice, but no particular format or tool will be mandated.
3. Psychiatric follow-up visit progress notes shall be consistent with national standards and best clinical practice, but no particular format or tool will be mandated.
4. A separate Individual Service Plan (ISP) shall not be required, but medical professionals must clearly incorporate treatment plan goals and progress into the assessment and each follow-up visit progress note.
5. Documentation in the assessment and each follow-up visit progress note shall also include, when indicated:
 - a. discussions and referrals to other community resources and supports, including when a member is paying out of pocket for other services;
 - b. coordination of care efforts related to primary care, inpatient settings, crisis service providers, and other community providers; and
 - c. AHCCCS-eligibility screening (at least annually).

Court Ordered Evaluation and Treatment

1. The medication only benefit applies to Non-Title XIX SMI members undergoing court ordered evaluation (COE) and/or court ordered treatment (COT).
2. RBHAs shall not be responsible to pay for the costs associated with COE or COT, except for the medication only benefit, unless prior payment arrangements have been made with another entity (e.g. County, hospital, provider). Such costs shall be the responsibility of the member.
3. RBHAs shall identify all Non-Title XIX members currently under court order and assess whether the order should be amended to be consistent with the medication only benefit.
4. When appropriate, RBHAs are encouraged to utilize outpatient evaluation or inpatient only court orders.
5. Prior to June 1, 2010, RBHAs shall meet with the judges, hospitals, counties, providers and other system partners to explain its responsibilities under the medication only benefit and work collaboratively to develop alternative methods to serve members who present for COE or COT.

Grievances and Appeals

1. Grievances will be permitted unless the grievance relates to a violation of the right to receive, or a right related to, services, supports and/or treatment that are not covered under the benefit.
2. A non-Title XIX person with a SMI can appeal decisions related to SMI eligibility determinations or actions and decisions related to services that are covered under the benefit.
3. A non-Title XIX person with a SMI cannot appeal denials and terminations of services that are not covered under the benefit.
4. ADHS/DBHS shall not accept new referrals for special assistance for Non-Title XIX SMI persons beginning July 1, 2010.

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